

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90207 022 ***138.75

60012679



01142008 Chg-LLC CR2E083 (12/06)

| | |
|---|---|
| DOCUMENT # L07000055080 |  |
| 1. Entity Name SWEETS & SUCH, LLC | |

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| Principal Place of Business 20423 STATE ROAD 7 BOCA RATON, FL 33428 US | Mailing Address 22489 MIDDLETOWN DRIVE BOCA RATON, FL 33428 US |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address 20423 State Rd 7 Suite, Apt. #, etc. F3 |
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| City & State Boca Raton, FL | 4. FEI Number 87-0802247 |
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| Zip 33498 | Country US | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent NEWMAN, MINDY 20423 STATE ROAD 7 BOCA RATON, FL 33498 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE | <u>Mindy Newman</u> | <u>Mindy Newman</u> | 3/3/08 |
| <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | <small>(NOTE: Registered Agent signature required when reinstating)</small> | |

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NEWMAN, MINDY 20423 STATE ROAD 7 BOCA RATON, FL 33498 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ADLER, DONNA 20423 STATE ROAD 7 BOCA RATON, FL 33498 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | |
| SIGNATURE: <u>Mindy Newman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | 3/3/08 (561) 482-2121 <small>Date Daytime Phone #</small> |